APPLICATION FOR UNITED STATES PATENT

Declaration for Patent Application

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: 1 5-LAYER CO-EXTRUDED BIAXIAL-ORIENTED POLYPROPYLENE SYNTHETIC PAPER AND ITS PRODUCTION PROCESS

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I hereby appoint the following attorneys of the firm of Stevens, Davis, Miller & Mosher, L.L.P. as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent and Trademark Office: James E. Ledbetter, Reg. No. 28732; Thomas P. Pavelko, Reg. No. 31689; and Anthony P. Venturino, Reg. No. 31674.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO STEVENS, DAVIS, MILLER & MOSHER, L.L.P., 1615 L Street, N.W., Suite 850, Washington, D.C. 20036, TELEPHONE (202) 408-5100, FACSIMILE (202) 408-5200.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful statements may jeopardize the validity of the application or any patent issuing thereon.

13a	Typewritten Full Name of Sole or Second Inventor	Allen Fong-Chin			LIN
			Given Name	Middle Name	Family Name
14a	Inventor=s Signature	٨	Ma	dong-de -	-
15a	Date of Signature	٨	October	Sixteenth	2003
	-		Month	Day	Year
16a	Residence	R.O.C.			
			City	State or Province	Country
17a	Citizenship	<u>Taiv</u>	wan R.O.C.		
18a	Post Office Address (Insert complete mailing address, including country)	Sam	ne as residence		
13b	Typewritten Full Name of Sole or Second Inventor		Given Name	Middle Name	Family Name
14b	Inventor=s Signature	٨			
15b	Date of Signature	Λ	Month	Day	Year
16b	Residence		City	State or Province	Country
17b	Citizenship				
18b	Post Office Address (Insert complete mailing address, including country)				
13c	Typewritten Full Name of Sole or Third Inventor		Given Name	Middle Name	Family Name
14c	Inventor=s Signature	Λ			
15c	Date of Signature	Λ	Month	Day	Year
16c	Residence		City	State or Province	Country
17c	Citizenship				
18c	Post Office Address (Insert complete mailing address, including country)				

^{*}Note to Inventor: Please sign name on line 14 exactly as it appears in line 13 and insert the actual date of signing on line 15. If there are more than four inventors, please add a copy of this page for identification and signatures for the additional inventors.